



TEXAS HEALTH AND HUMAN SERVICES COMMISSION

**STAR Kids Managed Care Advisory Committee
DRAFT Meeting #14 • Meeting Minutes
Wednesday, December 7, 2016
9:12 a.m. – 1:06 p.m.**

**Health and Human Services Commission
Brown-Heatly Building ~ Public Hearing Room
4900 North Lamar Blvd.
Austin, Texas 78751**

Agenda Item 1: Welcome and Opening Remarks

a. Member Introductions

Ms. Elizabeth Tucker, Chair of the STAR Kids Managed Care Advisory Committee, convened the meeting at 9:12 a.m. by welcoming members to the fourteenth meeting of the committee. Table 1 notes committee members' attendance at the meeting.

Table 1: STAR Kids Managed Care Advisory Committee member attendance at the December 7, 2016 meeting

MEMBER NAME	YES	NO	MEMBER NAME	YES	NO
Berhane, Rahel MD	X		Medellin, Glen MD	X	
Born, Christopher		X	Munin, Holly	X	
Buck, Ernest MD (11:30 am)	X		Reimer, David	X	
Calhoun IV, John	X		Smith, Blake	X	
Calleros, Rosalba (9:25 am)	X		Sonleitner, Denise	X	
Carlton, Catherine	X		Strong, Martha		X
Fuhrman, Bradley MD		X	Torres, Reynaldo		X
Hines, Jeanne PhD		X	Trahan, Angela	X	
Hopkins, Tara		X	Tucker, Elizabeth	X	
Kearns, Diane (10:00 am)	X		White, Rebecca	X	
Mather, Stacey		X			

Yes: Indicates attended the meeting

No: Indicates did not attend the meeting

b. Adopt Meeting Minutes from September 14, 2016 and October 4, 2016

Ms. Tucker referenced the draft September 14, 2016 meeting minutes and asked members if there were any changes.

Motion:

Dr. Ernest Buck made a motion to adopt the minutes as written.

Mr. David Reimer seconded the motion. The motion passed via unanimous voice vote.

Ms. Tucker referenced the draft October 4, 2016 meeting minutes and asked members if there were any changes.

Motion:

Dr. Ernest Buck made a motion to adopt the minutes as written.

Mr. David Reimer seconded the motion. The motion passed via unanimous voice vote.

Before proceeding to next agenda item, Ms. Tucker introduced Gary Jessee, Deputy Executive Commissioner and invited him to offer remarks. Mr. Jessee stated that there has been some very hard work related to the roll out of STAR Kids. He noted that every single sort of issue is being tracked by HHSC Ombudsman Office and MCOs. He noted that there is a command center that is in place that will remain active until issues and concerns have stabilized. He stated that HHSC and MCOs are all committed to the program. He noted that it is not possible to problem solve in a meeting like this and specific cases of denials will be addressed by staff outside this meeting. Mr. Jessee recognized Brian Dees and Kari Brock for their tireless effort on the roll out. A comment was made regarding payment issues raised by consumers and Mr. Jessee requested MCOs to reach out and ensure timely payment is made. Various issues were raised and responses were provided by HHSC.

Agenda Item 2: Enrollment update

Mr. Ivan Libson presented an update on STAR Kids enrollment. Highlights of update and committee member discussion are as follows:

- Ivan Libson and Rachel Urban, HHSC opened their update by inquiring from committee members if there was questions about enrollment updates. Mr. Brian Dees suggested talking about choice rates and how enrollment went initially and noted that discussion would be at a high level since enrollment numbers were not finalized yet.
- Mr. Libson stated that the total count choice enrollment for MDCP was 5,039. 5,709 was the total making it an 88% choice rate for the MDCP population. The rest of the population was about 49-50%. Mr. Libson stated that 163,662 was the total people enrolled with about 50% making a choice. The remaining 50% were defaulted to a plan.
- Committee member noted that there appeared to be 17,000 children unenrolled based on initial estimates. Mr. Libson stated that about 4,000 children were aging out and were not transitioned. HHSC is working with budget and forecasting to verify numbers. Mr. Dees stated there were a few escalated to HHSC because of glitches in the system and those were resolved quickly.
- Committee member noted that some providers wanted to close their panel but were having problems making that happen. HHSC staff stated they should call the command center for support.
- Committee member noted some families are in limbo land about the program that they will be receiving services through and Mr. Libson stated that HHSC staff had worked with the plans when HHSC saw children losing eligibility from MDCP (aging out) and people can be re-established under Medicaid and they can be served immediately. Mr. Libson noted that HHSC tries to engage the member before they lose service and that clients are identified internally and information is sent to the plans with the steps that must be followed. If a termination from Medicaid has been sent then the issue is immediately corrected. Mr. Libson stated that a group has been set up to look at the policy issues internally.
- Committee member noted that with closed panels patients may not be able to select their physicians and a committee member that serves as a provider stated that there

can be more than one pediatrician within a clinic and that as providers they work through the command center to resolve these matters.

- Question was asked regarding the IDD population enrollment numbers and the response from HHSC was that 5,771 was the IDD population enrollment.

Agenda Item 3 - Command center and operational dashboard overview

Ms. Camisha Banks, HHSC provided an overview of command center and operational dashboard and referenced Handout/PowerPoint entitled "STAR Kids Weekly Operational Dashboard". Highlights of overview and committee member discussion are as follows:

- Ms. Banks noted that the Office of the ombudsman complaints are collected and have been fairly low and provider and member complaints are collected from the MCOs. MCO and provider complaints are collected by the health plans. Health Plan Management also receives complaints by members or providers. The command center also routes complaints to the Dashboard for tracking. Complaints could also be duplicative since several different paths are available for complaint. If there are questions about a provider, then they are listed as an inquiry and not a complaint. Committee members stated that they would like to see data on all calls, not just complaints.
- Committee member noted that the ombudsman results are not surprising because families are not always sophisticated in a way to access the ombudsman's Office and that HHSC should do outreach to get real time information about what is happening in the field.
- Mr. Rick Castillo, HHSC Office of the Ombudsman stated that they could provide the classification of complaints and that there are a team of advocates that take all the calls, and there is a team dedicated exclusively to managed care. He stated that the Ombudsman team works with MCOs in real time to make sure that concerns are addressed and if there is an access to care complaint, there is a 24 hour turn around requirement from MCOs. He noted that other issues are allowed 30-day time frame for resolution of complaints.
- Question was asked regarding who decided what fields would be tracked on the dashboard and response from HHSC staff was that executive leadership in conjunction with staff formulated the tracked data. Ms. Tucker stated that the committee could make a recommendation for items to be included on the dashboard.
- Committee member noted that the committee would like to see what is working and what is not working. Ms. Tucker stated that members should compile a list of all the information they would like to see on the dashboard. Ms. Tucker also stated that the bulk of calls fall short of complaints and those should be put in buckets for consideration and analysis.
- Mr. Castillo stated that they used the definition of "complaint" used by the Department of Insurance.
- Committee member noted that complaints and reports should be predictive and used to reduce the number of complaints that are coming in and that is the values of the fall out data. Ms. Tucker stated that she agreed and that there were more likely systemic issues that have been identified.
- Committee member noted that many families do not have service coordinators yet and if they did it could have helped solve some of the complaint issues. HHSC stated that the MCOs should have contacted members and provided them with contact information of their service coordinator. Committee member noted that is not happening with some of the MCOs.
- Committee member noted that the service coordinator from the United Health Plan makes the out bound call introducing themselves to their families.

- Mr. Dees stated that it is the expectation that the service coordinator should never be a wrong door. This is a new product with new service coordinators and they will get better with time. He further noted that the Health Plans resolve the issues raised by HHSC very rapidly.

Agenda Item 4: Implementation updates

HHSC Policy and Program Development staff provided the implementation updates.

Highlights of overview and committee member discussion are as follows:

- It was noted that the stakeholder monthly meetings are occurring but the December meeting was cancelled and the next meeting is January 24, 2017.
- It was noted that there are also webinars for Q and A for parents and providers to attend. HHSC noted that it has not had the kind of participation that HHSC had expected so media at HHSC will be pushing the meeting announcements.
- It was noted that there are three slots on the committee membership that need to be filled. The website will provide information on how to apply and the categories vacant are for provider, MCO, and advocate.

Agenda Item 5: Committee member discussion of action items and agenda topics for next meeting

Highlights of committee member discussion are as follows:

- Committee member noted that HHSC must be alert to the pharmacy issue identified earlier due to processes being confusing and get beyond faxing and paper copies.
- Committee member noted that medication access has become an issue and there are some CVS pharmacies that have been told they are not in network.

Agenda Item 6 - Public Comment

Ms. Tucker opened the meeting to public comment at three different times during the meeting. Highlights of public comment were as follows:

- Crystal Brown, representing her son, provided oral public comment on MDCP transition which was noted as opposing the transition.
- Linda Litzinger, Policy Specialist representing herself provided oral comment regarding denials and written comment on behalf of Mr. and Mrs. Eric and Heidi Waters whose son was denied vital surgery. She noted as being neutral on the matter.
- Perla Sandoval, representing herself, provided oral public comment regarding the STAR Kids transition which was noted as opposing the transition.
- Kristen Robison, RN, VP of Governmental affairs representing herself and Angels of Care Pediatric Home Health, provided oral public comment on the STAR Kids transition which was noted as being neutral on the transition.
- Joshua Florence, Children's Hospital Administrator and STAR Kids Parent, representing himself, provided oral public comment regarding the STAR Kids transition which was noted as being neutral on the transition.
- Josh Fultz, representing his daughter Jadyn, provided oral public comment regarding the STAR Kids transition which he noted as supporting and opposing.

- Hannah Mehta, representing herself and 1,500 families of medically fragile Texas children, provided oral public comment regarding the STAR Kids transition which she noted in her public comments as opposing.

Highlights of public comment, committee member comments, and HHSC comments (where applicable) are as follows:

- Public member commented that the MCO has 30 days to approve or deny therapy services and that causes delays and problems—the 30 days is related to a complaint.
- Public member commented that just hiring people right off the street does not qualify them to make medical decisions for these children.
- Public member recommended that “MDCP kids should take some priority level with a 24-hour turnaround time”.
- Public member commented that this transition is not about value added but instead about cost containment with people being denied their meds, DME, therapies and other services and as a result there should be a new plan.
- Public member commented that this change (STAR Kids transition) is wrong and that these children are the most vulnerable and yet there have been countless accounts of families not receiving prescriptions or services.
- Public member commented that there has not been timely payment being made to providers (examples were given) and that in CDS, some have paid out three pay periods without reimbursement.
- Public member commented that fear of retaliation exist with providers who file complaints with HHSC.
- Public member commented that if a family wants to transfer from one provider to another, or one MCO to another, it should be seamless and unfortunately, it is not. It was further noted that for some the continuity of care provisions do not apply because they are not yet members.
- Public member commented that there was considerable discussion about the assessment and the needs of children. Mr. Dees stated the assessment is not to be a predictor, it is to be used as an indicator of/guide to service needs.
- Public member commented that the SKSKI is not being used appropriately by some MCOs.
- Committee member commented that the purpose of the work of this committee is to speak on behalf of the children.
- Public member commented that there is still some confusion and conflicting information from HHSC, providers and MCOs.
- Public member commented that they were told by HHSC that MDCP are first to be evaluated but that is not getting translated to MCOs and there have been appointments cancelled.
- Public member commented that third party PBMs have their own proprietary lists and they let that rule their decision making. It was further commented that they make parents go back to drugs that have already been proven ineffective and off use and dosing issues are being ignored by the PBMs and as a result the child is being de-stabilized. Public member commented that this must be addressed immediately.

- Public member commented that some DME providers are authorized for one item and yet for another item you must go to another DME provider and that this violates continuity of care since in the past families could go to only one provider for all their DME needs. Mr. Dees commented that the cyber groups are good in identifying issues but those issues should be sent to HHSC so the agency can act on them.
- Public member commented that families do whatever it takes to get an immediate answer.
- Ms. Tucker commented that when an issue is raised or complaint made, a copy should be sent to Health Plan Management as well so HHSC can track these issues.
- Public member commented that nursing and respite rates have been cut and they are not getting paid by the MCOs and there should be more transparency by MCOs and consistency in approach for the complaint process.
- Public member commented that the provider Reps on the STAR Kids website is out of date and should be updated periodically.
- Committee member asked for clarity on health plan payment management work group and Mr. Dees stated that Health Plan Management reviews data from MCOs and that data is sent monthly and HHSC will present that information at the next meeting.

Agenda Item 7: Adjourn

Ms. Tucker adjourned the meeting at 1:06 pm.